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08698 75	90 02/22/2006					•
STANDLEY LA 495 METRO PLAC SUITE 210	CE SOUTH			Cer I hereby certify that th States Postal Service v addressed to the Mail transmitted to the USP	tificate of Mailing or Trans is Fee(s) Transmittal is bein with sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the o	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
DUBLIN, OH 430	17			Vickie D'A	lessandro, Par	
				Victu D	alessarari	(Signature)
				May 3, 200	6	(Date)
APPLICATION NO.	FILING DATE]	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,332 02/25/2002		Robert A. Dixon		DIX 2035-006	4092	
TITLE OF INVENTION: M	ETHOD AND DEVICE FO	R USING EXTEN	DED INTER	FERENCE FIT SCREW SHAN	IKS FOR SPINAL STABILI	ZATION
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	05/22/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
REIP, DAVID OWEN 3		3733		606-061000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Standley Law Group LLF			
Address form PTO/SB/1	dence address (or Change of 22) attached.	Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗆 Individual 🖵 C	orporation or other private gr	roup entity Government
A COMM			4b. Payment of Fee(s):			
XX Issue Fee XX Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4076 (enclose an extra copy of this form).			
_ '	(from status indicated above	,				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
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Authorized Signature 4			Date May 3, 2006			
Typed or printed name Stephen L. Grant			Registration No. 33390			
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